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<p>DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)</p> <p> <input checked="checked" type="checkbox"/> Declaration Submitted with Initial Filing OR <input type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required) </p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Attorney Docket Number</td> <td>5627-5</td> </tr> <tr> <td>First Named Inventor</td> <td>A. James Mixson</td> </tr> <tr> <td colspan="2" style="text-align: center;">COMPLETE IF KNOWN</td> </tr> <tr> <td>Application Number</td> <td></td> </tr> <tr> <td>Filing Date</td> <td></td> </tr> <tr> <td>Art Unit</td> <td></td> </tr> <tr> <td>Examiner Name</td> <td></td> </tr> </table>	Attorney Docket Number	5627-5	First Named Inventor	A. James Mixson	COMPLETE IF KNOWN		Application Number		Filing Date		Art Unit		Examiner Name	
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Filing Date															
Art Unit															
Examiner Name															

As the below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original and first inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:

HISTIDINE COPOLYMER AND METHODS FOR USING SAME

(Title of the Invention)

the specification of which

☐ is attached hereto

OR

<input checked="" type="checkbox"/> was filed on (MM/DD/YYYY)	12/20/2000	as United States Application Number or PCT International
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Application Number	PCT/US00/34603	and was amended on (MM/DD/YYYY)	(if applicable).
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I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

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Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. **DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO:** Assistant Commissioner for Patents, Washington, DC 20231.

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DECLARATION — Utility or Design Patent Application

Direct all correspondence to: <input type="checkbox"/> Customer Number or Bar Code Label		OR <input checked="" type="checkbox"/> Correspondence address below	
Name <u>Gary A. Bridge</u>			
Address <u>P.O. Box 2207</u> <u>1220 Market Street</u>			
City <u>Wilmington</u>		State <u>DE</u>	ZIP <u>19899</u>
Country <u>United States of America</u>	Telephone <u>(302) 658-9141</u>	Fax <u>(302) 255-4210</u>	
<p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.</p>			
NAME OF SOLE OR FIRST INVENTOR :		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name <u>A. James</u> (first and middle [if any])		Family Name <u>MIXSON</u> or Surname	
Inventor's Signature <u>A. James Mixson</u>		Date <u>10/28/01</u>	
Residence: City <u>Rockville</u>	State <u>MD</u>	Country <u>United States of America</u>	Citizenship <u>United States of America</u>
Mailing Address <u>15620 Thistlebridge Drive</u>			
City <u>Rockville</u>	State <u>MD</u>	ZIP <u>20853</u>	Country <u>United States of America</u>
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
City	State	ZIP	Country
<input type="checkbox"/> Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.			